

"SMBRE PRIMARY"

STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use Only

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
DOE JANE X

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

SANTA MONICA BAY RESTORATION COMMISSION

Division, Board, Department, District, if applicable

Your Position

GOVERNING BOARD MEMBER (OR ALTERNATE)

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

- ☒ State ☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County ☐ County of
☐ City of ☐ Other

3. Type of Statement (Check at least one box)

- ☒ Annual: The period covered is January 1, 2013, through December 31, 2013.
-or- The period covered is / / , through December 31, 2013.
☐ Assuming Office: Date assumed / /
☐ Leaving Office: Date Left / / (Check one)
☐ The period covered is January 1, 2013, through the date of leaving office.
☐ The period covered is / / , through the date of leaving office.
☐ Candidate: Election year and office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 1 (or more)

- ☐ Schedule A-1 - Investments - schedule attached ☐ Schedule C - Income, Loans, & Business Positions - schedule attached
☐ Schedule A-2 - Investments - schedule attached ☐ Schedule D - Income - Gifts - schedule attached
☐ Schedule B - Real Property - schedule attached ☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

☒ None - No reportable interests on any schedule - IF NO SCHEDULES (JUST THIS PAGE)

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

YOUR ADDRESS HERE (USE YOUR WORK ADDRESS OR SMBRC'S OK)

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)
() REQ'D

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed PLEASE DATE!
(month, day, year)

Signature WET (INK) SIGNATURE REQ'D.
(File the originally signed statement with your filing official.)

FILL OUT BEFORE
APRIL 1ST!